CONDUCTING LOCAL ASSESSMENTS Ⅱ

LOCATING THE NEEDS OF ELDERS

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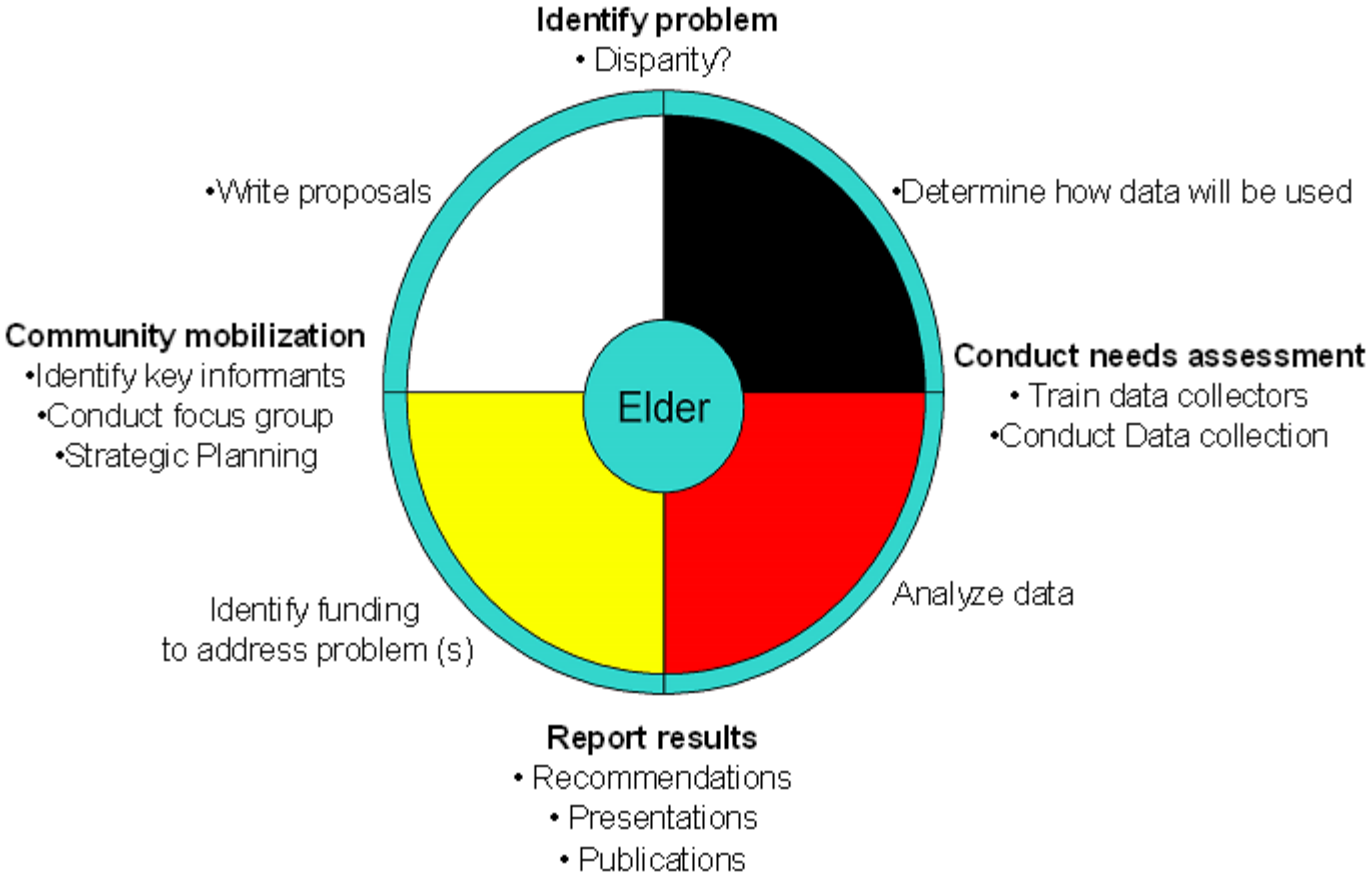
INTRODUCTION

The medicine wheel has been used by many as a model to show a holistic view of a topic. The circle has no beginning or ending, so it helps us to visualize that we usually are going to end up where we started. For the Dakotas, the Medicine Wheel represents not only the circle of life, but also the seven directions. These include the four directions (N,E,S,W), plus mother earth, the Great Spirit, and finally, ourselves. All of these things are part of this outlook, because we all have a role to fulfill within this circle of life. This model can be applied to community planning. We have adapted the medicine wheel to help visualize how needs assessment fit into the community planning cycle in providing services to our elders. We have the elder at the center of or our circle, because this is our focus.

Community Based Research Model



Generally, the first step to community planning is identifying the problem. The problem can be chronic disease, access to health, transportation, or anything that is an issue to your elders. In most cases, we have a wide range of issues with varying degrees of need and resources, so it is hard to determine which should be the highest priority. A needs assessment assists by providing information to assist in both identifying disparities and prioritizing which is the most significant need. These points are especially important when resources are limited and when it is uncertain how to best address the needs of your community.

Uses for needs assessment information are numerous. They include the above mentioned documentation of disparities and prioritizing, but also include the ability to plan, advocate and support efforts for addressing the needs identified in the assessment. Conducting a needs assessment is made a little easier by our office. The first step is to gain tribal council approval. We have written a draft resolution for your convenience (Appendix A). The National Resource Center on Native American Aging (NRCNAA) provides survey instruments (Appendix B), which many tribes have used without any training. For those tribes wishing to administer a training for their data collectors, we usually suggest they go through the interviewer guide (Appendix C) and the problem questions (Appendix D), then role play and interview one another using the survey instrument. After this they should be ready to go out to the field to interview their elders.

Analysis of data is achieved through the input of data into a statistical software program. We prefer the Statistical Package for the Social Sciences (SPSS) as it is very user friendly and allows us to complete a wide range of procedures for the project. We

provide descriptive statistics (Appendix E) and comparison data (Appendix F) back to the community using this software package. We refrain from providing interpretation of the data because the participating tribes have a wide range of climatic, geographical and cultural differences which are unique to each community.

Once the data has been returned to the community, we suggest the tribes mobilize the community by bringing together stakeholders for a focus group. Possible stakeholders concerning the provision of services to elders would be Title VI programs, senior citizen organizations, CHRs, tribal health, Indian Health Service and any others providing service to the elderly. The focus group would present the data to the community and determine how the data might be used to address disparities identified in the assessment. This process is the foundation for the strategic planning and brings the community together in a partnership to address your elder's needs.

A great place to begin accessing funding resources is the Rural Assistance Center (RAC) http://www.raconline.org, located the University of North Dakota Center for Rural Health. RAC, funded by Health Resources and Services Administration (HRSA), is designed to assist rural organizations in accessing resources; however, a great feature of this project is their personalized funding search. Once they have key words from you, they will do a funding search of federal, state and foundation funding sources and return the information to you. The process usually takes only a few days.

Once a funding source(s) is identified, proposal(s) would be written in coordination with the rest of the stakeholders. Please note that one can go from the needs assessment directly to strategic planning or strategic planning can also proceed to proposal writing.

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WHAT IS A NEEDS ASSESSMENT?

A needs assessment is a process whereby interests or issues that are locally important are defined, the nature and extent of needs can be assessed and the basis for planning is established. Needs assessments are used to set goals, document unmet needs for funding applications and to locate both recognized and latent needs. A needs assessment can be viewed as having three phases.

Phase I: Pre-Assessment

Exploration - identifying major interests, issues, concerns and such in order to decide on the focus of your efforts. 1) Locate existing data such as census materials, local records that monitor key activities and the like. 2) Assemble focus groups or conduct key informant interviews with local people you know to be good sources of information. 3) Identify stakeholders and be sure to include them in the process. 4) Set up an advisory committee that is representative of the stakeholders.

Phase II: Assessment

Determine "what is" the present state of affairs for your elders. Are survey data, census data, vital statistics and other information available? Determine what "should be" by using benchmarks for comparison. National data and perhaps goals articulated in Healthy People 2010 serve as good benchmarks against which to compare your elders. Indications of unmet needs may be determined by contrasting your needs with the capacity to meet needs that exist locally. For example, if you have a capacity to handle 100 people in a nutrition program and have 200 that have difficulty preparing their own meals, you have a clear indication of unmet need.

Incidence and prevalence can be established using the census and survey data. For example, the prevalence of disability in you elders can be calculated by finding the proportion of them that have one or more Activity of Daily Living limitations (ADLs). This is the prevalence rate. Then apply this as a rate to the population of elders and you have an estimate of the total number of people with activity limitation. You can also project the number you will encounter for future years by using population projections in the same way. Apply the rate to the expected population of elders for the year 2000 and you will obtain an estimate of need for the year 2000.

It is often helpful to gather objective statistical data to locate needs and then use it to document the amount of need. Once gathered, the data collection can be helpful to explore the issues with greater depth and then produce a clearer picture of what is happening. Once you locate the priorities in terms of need, you may again use focus groups or informant interviews to develop a better understanding of why the need exists at such a high level. For example, if you determine that "being overweight" is a key problem, you might explore reasons for its presence and persistence, looking for factors that facilitate obesity and barriers to weight control. A focus group conversation would be a good tool for this.

Phase III: Post-Assessment

Use the data to answer the following critical questions:

- What are the highest priority needs?
- Why haven't these needs been met?
- Are solutions suggested in your research?

- Can we document the need? Can we establish a disparity between our community and the nation or other groups?
- What are the risks of doing nothing?
- What would alternative solutions cost?

WHY AN ASSESSMENT?

Conducting an assessment should focus on three major goals:

- IDENTIFYING IMPORTANT ISSUES FOR YOUR COMMUNITY
- LOCATING OPTIONS FOR RESPONDING TO THE ISSUES
- ASSESSING THE OPTIONS AND CHARTING ACTION PLANS

A thorough assessment of your community needs and the fit between those needs and the services you now offer can help you identify new issues for your communities and assist you in planning to address them as well as in seeking financial support. For example, the recent increase in life expectancy among Indian elders is now producing rapid growth in that segment of our population. As this occurs, changes will be needed that respond to the needs for assistance and care for the elders that simply weren't large problems in the past. As the size of the population of elders grows, what will their needs be? How can their needs most effectively be addressed?

As one conducts a needs assessment, several sources of data may be used and when combined, may provide very useful data. If one is able to determine the rate of activity limitation in the elderly population, one can also project the activity limitation for the future population by simply multiplying the projected population of

elders by the rate of activity limitation. This would then suggest a level of need for assistance. As the United States is moving in a direction of attempting to eliminate intergroup differences in health status, disability and the like, this data enables you to compare your people with the national norms. If there is a great disparity, this should serve to strengthen your request for programs that address managing and preventing geriatric problems. Eventually, as a database is developed, you should also be able to compare your tribe's health status, risk exposure and such with the nation's Native American population as well. That comparison will become available as sufficient numbers of tribes conduct assessments that can be combined as a Native American base for comparisons.

USES FOR THE DATA

The primary reason for conducting the Native elder social and health needs assessment is to gather information to plan, advocate and fund services for our elders. In regards to funding nutrition services, a needs assessment is required by the Administration on Aging (AoA) for renewal of the Title VI Native Elder Nutrition Programs Grant. The needs assessment project has been designed to coincide with the three-year funding cycle and fulfills the AoA requirement. Additionally, the data collected can be used to document disparities, prioritize issues, assist in long-term care planning, advocate for resources and support efforts for addressing the needs identified in the assessment. For more information on data uses, please visit

the National Resource Center on Native American Aging's Tool Kit Project at: http://medicine.nodak.edu/crh/nrcnaa/toolkit.

WHERE CAN I FIND THE NEEDED DATA?

Census Data

The 2000 census data is now four years old and to represent 2004 you may want to use current estimates. In order to estimate the population of each state and county, the Census Bureau conducts annual estimates of our population by age and race for each county. This enables you to access estimate data for your tribes by connecting to the Census Bureau. With new technology and the Internet, this data can be obtained by anyone in the nation by navigating the Census Bureau's home page at: http://www.census.gov/ and using an alphabetic search tool to locate population estimates. This will lead you to locating the estimates of population for each year since the last census and you can easily print or download the results. Once you have these estimates in hand, you can calculate rates for different diseases, activity limitations and the like and are well on the way to using assessment data to understand the issues present in your own community. Many states also have a Census Data Center. You can contact them with special requests for population data that you cannot answer using the materials located at the Bureau. In addition to serving as the central location for demographic statistics for the state, the Census Data Center also receives a wide array of data from state and local sources. Consequently, they are well positioned to address questions about the demographic profile of your service area.

WHAT SHOULD I BE LOOKING FOR?

Population Growth and Decline

What is happening in your community? The 2000 census will help you with local detail regarding the pattems of growth or decline. YOU SHOULD LOCATE THE POPULATION PROJECTIONS FOR YOUR SERVICE AREA. Many states have a series of projections for population for counties that are useful in anticipating the future. These provide a scenario for the future that you can use in the planning process and they are broken down by age and sex. They are normally at county level. County level data is common for demographic data and may require you to make inferences about how well they reflect the future of a reservation.

Another source, we have used, is the Indian Health Service Office of Public Health, Division of Community and Environmental Health. This office has a program statistics team that provide population statistics broken down by age and sex for each service unit and life table statistics for each service area. Using their data we were able to develop some population forecasts for each service unit and we suggest that you use these. These will be provided to you by the NRCNAA. If your tribe is part of a service unit and you have an estimate of the percent of the service unit that is in your tribe, you can then use that percent to estimate your local population by simply multiplying the service unit values by your percent.

Profiles

Census data provides not only population counts, but it enables you to develop population profiles for your service area. Normally, profiles entail age, sex, income, education, occupation and the like. Age and sex are most commonly used

as they effect utilization the most. In the case of your service areas, the question of how many "high use" elderly (frail elderly) will be present in the future can be a very important piece of information for planning. This can be derived from the census and projected from the population projections at 5-year intervals. It only stands to reason that with growth in the numbers of frail elderly, the demand for services will increase and there will be a pattern to that demand. With improvements in the life expectancy of Native Americans, there has been substantial growth in the population of elders and as time moves on, this will produce increased needs for services targeting them. If you look at the projected population for people over age 55 in your service unit, you will see the dramatic influence of the aging baby boom generation. The projected population for 2010 shows a dramatic increase in the 55 and over cohort as a result of the initial boomers entering their later years.

Note: Reservation profiles are possible and when combined with estimates of use such as age specific rates you can begin to forecast future demand for services.

HOW DO WE GET DATA ON OUR ELDERS' NEEDS?

A new updated version of a standardized, self-administered instrument* that can be read by optical scanning equipment has been developed by the National Resource Center on Native American Aging for use in community assessments. Use of this instrument will:

- Provide local data for comparison and planning
- Enable volunteers to aid in data collection

- Expedite data entry, ensuring rapid feedback
- Substantially reduce costs to your organization

*A copy of this instrument can be found in Appendix B. You will be provided with enough copies to use in your local assessment at no cost. These can be requested by contacting Rick Ludtke, Russ McDonald or Kyle Muus at the University of North Dakota Center for Rural Health(1-800-896-7628). The Center for Rural Health houses the National Resource Center on Native American Aging.

COMMUNITY ASSESSMENT SURVEY DATA

- General health status of your elders
- Indicators of chronic disease
- Measures of disability (Activities of Daily Living and Instrumental Activities of Daily Living)
- Indicators of visual, hearing and dental problems
- Tobacco and alcohol use patterns
- Diet, nutrition and exercise
- Weight and weight control (BMI indicators)
- Social support patterns, housing and work
- Health care access
- Unmet needs
- Use and acceptance of services

CONDUCTING NEEDS ASSESSMENTS

Community needs assessments involve identifying and assessing the needs of your community and assisting in the determination of priorities for intervention. This is a type of diagnostics that entails the application of systematic data collection and analysis in the process of examining the needs of elders in your communities and determining which of those needs can be effectively dealt with. Objective data for evaluating the status and needs of your communities elders are essential. It is the goal of this brief booklet to enhance your capacity to conduct and use a needs assessment. People often bring a perception of the communities need based on their own personal or family biography. This makes it easier to find advocates for programs that target a variety of legitimate needs such as foot care, alcoholism, Alzheimer's care and the like. But these personal notions must be substantiated by evidence from objective data. The data permits an unbiased examination and helps us get beyond personal biographies. Objective data also provides us with an opportunity to persuade key funding agencies of the needs that exist in our communities and may assist in facilitating our applications.

Identifying needs for services and obtaining public input regarding appropriate strategies for meeting the needs can be obtained through systematic research. One should also be clearly able to distinguish between need and demand. Needs may be based on an incidence rate of a problem (the number of new cases per year), a prevalence rate for a problem (the total number of cases in the population) or the acuity of the problem. Thus, for example, you may have two new cases (incidence) of AIDs in a region for a total of seven cases (prevalence) in

the population - neither of which appears large, but for a disease as serious as AIDs you would want to respond. Similarly, you could discover that 30% of your elders have some level of disability requiring help. The latter example would suggest that a need for services exists among the elderly. If you convert this need into demand for services (demand is an economic concept), then consideration of the problems takes on a different light. Demand occurs when people, who are disabled, indicate that they would use services such as local congregate care or nursing home services if they were available. One can estimate the percent of the need that would become demand under the right circumstances. The point is, systematic data improves the information that you have available to make decisions and as a consequence, you are likely to make better decisions.

You should be aware, however, that this type of systematic community diagnosis might yield results that are upsetting. While people may talk willingly about their health, an assessment may tell them that they have high risk factors for obesity, inactivity and such. We often would prefer not to be told that we need to eat better, lose weight and get more exercise. This is analogous to an audit that tells you where your problems are - it enables you to respond, but you may have to overcome the ego damage.

METHODS

The methods available for needs assessments are numerous. The following presents a brief description of alternative methods along with some brief descriptions of the advantages and disadvantages of each.

Social Indicators

Social indicators are based on data collected on a regular basis such as census documents, statistical reporting for programs such as food stamps, unemployment or vital statistics. While there is clearly an abundance of such data nationally, the availability of data for reservations and Indian communities is severely restricted because of the small populations. Census reports, for example, provide a seemingly endless array of data for metropolitan areas, but do not permit most compilations for reservations or even the rural counties they are located in. They are obligated to protect the identities of people and in small populations any such detailed breakdown of statistics are thought to place respondents at risk of disclosure. Consequently, the analysis is prohibited. You may find local data that can be used for many interests. Records maintained for programs such as nutrition programs or health care may be a good source of data on the elderly. The sources are, however, limited and you may need to explore your local community for sources of data to be used as social indicators in rural communities. As an example of a social indicator, the number and percent of the elders who are experiencing end stage diabetic complications would provide an excellent indicator of the severity of diabetes among the elderly in your community.

The Survey

Surveys, when properly conducted, provide accurate descriptions of your people based either on an enumeration or a representative sample of the people from your community. A variety of methods for collecting survey data include: 1) self administered, mailed questionnaires; 2) self administered questionnaires that

are delivered and picked up or gathered at meetings; 3) face-to-face interviews; and 4) telephone interviews. The first two alternatives are clearly the least expensive and relatively easy to execute with volunteers. Interviews require more time, effort and training, but produce higher response rates, more complete responses and permit probing for greater depth in people's responses. Telephone interviews with properly trained interviewers can be very time efficient and a good source of reliable data but are dependent on everyone in the population having a telephone. Telephone interviewing is often done with a computer assisted system, the data is entered directly into a computer file for analysis, cutting a costly step in data entry that is required in other survey approaches.

Survey advantages:

- You are assured of a representative cross section of the community. It allows for broad participation.
- The responses of people from the community are often best solicited through an anonymous survey response.
- Detailed information about behavior, attitudes, beliefs, attributes and opinions can be recorded.
- Cross tabulation can help profile problems and assist in targeting programs.
- Surveys are lower in cost and consume less time than many alternatives.
- They permit you to reach people who are widely spread out.

Survey disadvantages:

- Care in selecting samples, designing questionnaires and analyzing the data is a must. This may require some outside help - a consultant or event contracting for all or part of the work. (Note: The National Resource Center on Native American Aging/UND Center for Rural Health provides help with this.)
- Costs can be high - especially if face-to-face interviews are used and the instrument is lengthy. This can be cut by use of volunteers or contracting out only the technically difficult tasks.
- Broad public cooperation is essential. Some topics may meet resistance among respondents. The elderly may have some difficulty filling out questionnaires by themselves - they are cooperative, but may find the questionnaire confusing.
- Topic limitations exist, especially where telephone interviews are involved. Questions must be short and concise for telephone use and you are precluded from the use of lists from which respondents might choose answers.

Surveys are the method of choice in conducting assessments at the National Resource Center on Native American Aging and the Center for Rural Health. They afford a great deal of flexibility in terms of portability (you can take the data home) and re-analysis by permitting one to return to the data time and time again, in order to explore different issues. You will find a copy of a standardized survey instrument developed by the National Resource Center on Native American Aging for use in

these assessments in Appendix B. If you elect to use survey methods, the following are considered critical steps.

Instrument Design - You may use the instrument provided in which case we would help with the coding, data entry and analysis. If you design a new questionnaire it is important that care is exercised in framing the questions. Use simple language, keep the questions short, avoid a lot of recall from previous questions, make questions specific rather than general and offer exhaustive response alternatives - including a no opinion option. It is important that you consult a standard reference such as Backstrom and Hursch (1981) for checklists against which to evaluate your questions. You should also examine question order to ensure a logical flow to the questions and that they move from general to specific in terms of content. In the instrument attached, each question was derived from one or more national surveys. This permits comparisons with national norms and is particularly useful as we note the goals from Healthy People 2010. The new goals are expected to call not only for a reduction in differences between groups but an elimination of these differences. Being able to document these differences will be a powerful tool!

Sampling - In many cases the population of elders is small enough that we can enumerate them, asking all of them to fill out the questionnaire or be interviewed. If the population is large, a properly selected representative sample can act as a mirror of the population for purposes of estimating many characteristics of a population while using only a small fraction of the population. In order to draw a sample with reasonable assurances of adequacy you must have a complete list of

the population to be sampled and a method that will ensure a representative selection of respondents. The size of a sample depends on the level of accuracy you require, with larger samples yielding the greatest precision.

SAMPLE SIZE REQUIRED

POPULATION	SAMPLE REQUIRED
200	134
300	172
400	200
500	222
600	240
700	255
800	267
900	277
1000	286
1500	316
2000	333
2500	345
3000	353

We often use directories as the list of people in the population and drawn a systematic sample in which every nth (e.g. 10th or 15th etc.) name is drawn. If you use this approach you must have a random start and know what proportion you need to draw. This is accomplished by drawing a random number for a starting point and using every nth residence thereafter where "n" is determined by the fraction you need. Thus if you wanted to use 25% of your population, you would randomly select a number between 1 and 4 and then select every 4^{th} name thereafter. (E.g. If you start with # 2, would take the 6^{th}, 10^{th}, 14^{th} 18^{th} and so forth.) This provides a representative sample. If, however, there is any reason to suspect that the directory is not a current or complete listing of the population, then you must

seek an alternative list. For example, using telephone directories may be a problem as there are many unlisted numbers or a segment of the population may be excluded for reasons of poverty.

Data collection - This must be both systematic and coordinated. You must carefully select the data collection method. Mail, telephone or face-to-face interviews are all good data collection strategies. Face-to-face interviews are very costly, but are likely to yield excellent response rates and more complete responses. If you conduct a mail survey, you will need a cover letter to explain the purpose of the survey, its sponsors and make an appeal for cooperation. A cover letter should always be included with the questionnaire. You will also need a systematic follow-up in order to prod people to respond and improve the rate of response. This can be either by mail or telephone and may require mailing a second questionnaire to the respondent. Follow-up should begin after the returns have tapered off - usually a couple of weeks after the initial mailing. Telephone interviews also yield high response rates and are quite cost efficient, but are dependent on current and accurate directories and nearly universal possession of telephones. If your communities have high turnover in their population, the life of a telephone directory as a list for sampling is limited. Telephone interviews should seek people at varying times of the week and day and interview times should be scheduled when necessary. Detailed records must be kept to avoid repeatedly contacting the same people and to be able to assess your response rate. We recommend face- to-face interviews for the elderly as this avoids problems and makes the experience more positive. A guide to interviewing is included in Appendix C for use in training

volunteer and staff interviewers. Our experience leads us to believe that this interview is relatively easy to use and non-threatening.

Analysis - Survey data can be computerized and analyzed using statistical programs. This task is probably best contracted to a consultant. The NRCNAA will do this for you. You can, however, analyze the data using a PC computer locally. Sending machine-readable data to the NRCNAA for both analysis and interpretation will reduce your costs substantially while retaining critical inputs from someone who is an expert in survey analysis. A consultant can assist you in developing a system for coding the data that is compatible with his statistical software and equipment. Because of the flexibility of survey data, it is also possible to go back to it several times while exploring issues, although often a consultant will anticipate many of the questions for you. Frequency distributions and cross tabulations are normally sufficient to derive the essential findings from this type of a survey. One should also make comparisons with benchmarks such as national norms or norms that reflect the Native American population. The Native American norms will be developed upon sufficient participation in this project by tribes from around the nation.

With funding from the Administration on Aging, we will scan your instruments into the computer and develop a data file for your locality. After the data file is complete, we will develop a set of standard measures, such as the Body Mass Index (BMI), number of ADL limitations and IADL limitations, Chronic Diseases and number of services used. The data will then be analyzed using SPSS (Statistical Package for the Social Sciences) and a statistical profile of your elders will result. Additionally, we will prepare a comparison sheet in which your elders are compared

with national norms. This helps one determine whether their elders are healthier or less healthy than the norm or whether they have more chronic disease. The comparisons allow a context for interpretation. We will also provide a set of population projections for your population over 55 years of age to help project change in the absolute volume of people for whom services may be needed. Lastly, if you have been a previous participant we will report changes from the data observed in the first assessments. Upon receiving the reports, it is your responsibility to interpret them and provide the meanings for the results. We can provide the statistical patterns and a basis for defining differences with the nation, but you know your people best. Consequently, we provide the profile and you will need to interpret it.

ADDITIONAL TOOLS FOR LOCAL USE

Key Informants

A key informant approach utilized people who are most likely to be knowledgeable about the community as a source for information. This usually involves a questionnaire with broad open-ended questions and involves a very limited number of interviews. Key informants are commonly found among community leaders and people in key positions such as physicians, clinic administrators, key service providers and the like. The people are selected because they are expected to know the community and its elders and to be able to represent the needs of this population. They should be able to respond in terms of the community needs, current community efforts and they might suggest possible

solutions. This data is analyzed in a cursory fashion by reviewing the responses and listing or comparing them. The results are more suggestive than conclusive, but can provide a good basis for resolving problems.

Key informant advantages:

- Key informant interviews are inexpensive.
- Depth can be obtained that is often precluded in surveys given to the general public.
- Clarification of issues can be sought because of the face-to-face communication.
- Volunteers can be used for data collection and analysis.

Key informant disadvantages:

- Key informants may not represent the community, but rather present the bias of their own agencies.
- Sensitivities over "who is asked" may emerge. People may be offended if not included.
- Interviewers need to be trained and to present a unified approach. It may be awkward to use local interviewers if topics are sensitive or if the interviewers serve as opinionated leaders.

Focus Groups

The use of focus groups involves assembling small groups (up to ten persons) in order to engage in a free and open conversation. This technique, while commonly used in marketing, has considerable potential for exploring new topics and delving into people's feelings. It is best to use homogeneous groups and to

assemble several focus groups representing different groups or perspectives. (For example, one group may be elders, another may be providers, etc.) The focus is provided to the group by presenting them with a limited number of well thought-out and well-sequenced questions. These questions represent the plan for the process and must be presented by a good moderator. The groups are free to explore the questions and suggest ideas, with the moderator recording their ideas. Observing and recording the content of this discussion is difficult. Designating a second staff person as a recorder is a good idea. A tape recorder may also be helpful to capture the full discussion for later review, but should only be used with permission.

While focus groups may generate a great deal of information and new ideas, they do not produce accurate descriptions of such matters as incidence levels or prevalence rates. Consequently, they serve well to generate ideas, but are somewhat lacking in terms of documenting the importance of any particular need or idea. Used in combination with another technique that yields more standardized data such as a survey, focus groups can make an excellent contribution.

Nominal group technique is recommended for use with focus groups to facilitate discussion and to provide some structure to the results, or when you are seeking to forge a consensus. In a nominal group process, each person is asked to present an idea or suggestion to be placed before the group. No discussion occurs while ideas are being submitted, but they are written on a flip chart or blackboard. After going through the group, one idea from a person at a time, you repeat the process until suggestions are exhausted. This results in a lengthy list of possibilities. Then the group discusses each idea, seeking clarification. Lastly,

individual balloting prioritizes the ideas or suggestions. This leads each person to make suggestions rather than relying on just the outgoing personalities and forges a consensus based on a relatively complete array of possibilities and discussion. The technique is recommended for identifying issues. The technique does require a strong leader to avoid dominance by assertive people and is limited to small groups. Several concurrent focus groups are occasionally used in order to include all people who should participate.

Community Forum

A more inclusive approximation to the focus group is a community forum or town meeting. The forum permits broad participation at a single meeting and is normally open to the public. This method is inexpensive and may be more open to interested parties or groups that might be overlooked when focus groups or key informants are used. If a forum is used, it is imperative that a good facilitator be present. Unfortunately, even with a highly skilled facilitator, the dominance of vocal members of the audience is likely to be a problem. Another disadvantage is that this format is more difficult for making decisions and has the potential of creating expectations that exceed one's intent. A community forum may be used early in organizing to promote the new activity and to solicit information from all interested parties. This information can be used for future reference in other diagnostic procedures.

Provider Profiles

As an integral part of the community assessment, information about the key community provider's organizations should also be gathered. This information

should be gathered from service provider organizations in the community, including hospitals, nursing homes, elder care facilities (e.g., senior centers, senior housing, etc.), public health agencies, and emergency services. Services to the elderly should be fully accounted for in these provider profiles.

The provider profiles should gather information pertaining to seven different dimensions of health care services provided by these organizations. The dimensions are: 1) type of ownership - private or public; 2) services provided; 3) service utilization - profile of users and frequency of use; 4) personnel resources (human capital); 5) financial status of the organization; 6) facility; and 7) organizational linkages - ties to other organizations.

In conducting the data for provider profiles consider:

- Professionalism - Be professional in your conduct.
- Make appointments and be prompt.
- Introduce yourself, the project and the sponsors.
- You may prompt respondents, but do not lead them.

Summary

The assessment of the community's elders' needs is an important task that should precede establishing any course of action. A temptation is nearly always present to skip the rigors of systematic data collection and review and to move immediately into action. The preceding material suggests a variety of ways to systematically assess one's local community and to establish well founded priorities for its elders. Each method has its own peculiar strengths and weaknesses, but

each offers a significant improvement over making such decisions on the basis of personal agendas.

CONDUCTING FOCUS GROUPS

A focus group involves participation of 5 to 15 people led by a group leader or facilitator who acts as the manager for a group conversation. In this case, focus groups should be considered as the principle method that entails the use of a group process to reach a consensus. Focus groups are commonly used in marketing and political research in order to find out how people are responding to innovative new products or political ads. In our case we might need to use focus groups to explore particular problem areas to develop a better understanding of the attitudes and behavior of elders.

What Kinds of Questions Might be Appropriate for Focus Groups?

It is important to ask questions when you are totally lacking information. If, for example, you were interested in studying people's personal goals for the future, but had no idea about what categories should be included in your questions, you could then use a focus group. This allows a broad question about future goals and from this you can develop more refined questions reflecting the categories people suggested. Their discussion would be the focus group.

Another example of creating appropriate questions for a focus group is when you have good data describing what people need, but want greater depth in their responses. For example, if you know that 15% of the people over 65 need some

form of assisted living, but want to know how different types of assisted living might be received, a focus group of these people would help you define the specifics.

How Do I Select Participants?

Look for some reason to expect people will be good sources of information.

- Clients of programs - people who receive services and know from the clients perspective what the experience is like, the barriers, etc. These might include the elders, people with chronic disease or disabilities.
- Representatives of areas or interests - organizations of elders, church groups, business leaders, or senior citizen groups.
- People with expertise - CHRs, service providers, academic people and others with positions that are likely to render them somewhat expert.
- Key people who you know to be well-informed and good source of ideas.

When inviting people to participate in focus groups it is imperative that you make the experience pleasant and something to look forward to. Normally you provide refreshments and a meal is often a good enticement. You might consider offering transportation, using a reminder just before the date of the meeting and if attendance becomes a problem, you could resort to overbooking. That is, you could be sure to invite the upper limit of 15 to ensure that 5 or more would be present. People often forget appointments and may agree to attend just to get you off their back. You have to work hard at ensuring attendance and it helps if there is something in it for the participant.

Invitations should be personal and the best results are likely to come from face-to-face invitations or telephone contacts. You should follow these with a

mailing thanking people for their willingness and reaffirming the date, time and place. The number of focus groups you use depends on your need for information and the diversity of the groups you want to include. Two or three are common.

Who Should Lead the Group?

Either you should lead the group or you should recruit someone for whom this task would be easy. (Teachers and others who are regularly in front of groups.) If you choose the latter, the new leader will need some direction, but it is not hard! Co-facilitation is normally desirable with one person talking and leading the discussion while the other attends to clerical tasks, writing down responses and keeping a record of the conversation. If you have a partner, it makes the job easier. The leaders task can be reasonably scripted in advance and is not complicated. An example of this is provided below.

Conducting the Focus Group Meetings

The following represents a common flow for the meetings and the tasks for the facilitator and recorder will be evident.

First: Introduce yourself and the interest at hand. "Hello, my name is _____ from the aging resource center (or your groups name). We have asked you all to come here today to discuss ..... , but before we get started I would like to be sure we all know one another. To do this I would like you to pair off and visit for just a few minutes. Prepare to introduce your partner and tell the group something unique about him/her".

Note: These introductions enable members of the group to get to know each other in a superficial way and serve as an icebreaker. It is appropriate to introduce other icebreakers at this point, but be cautious about time.

Second: Provide a more complete introduction of yourself and your role. You will be serving as the facilitator and ask each of the participants to abide by a couple of very simple rules. 1) We want to hear from each person. As a result, you will go around the room asking for input. Please let each person speak. 2) In a focus group we are looking for ideas and want any and all ideas on the table. There is no such thing as a bad idea and we ask you not to judge what other people say. Some refer to this as a "no put down" rule. We just don't put anyone else down!

As a facilitator, you are not part of the discussion and this should be made clear to the group. Your job is to moderate the conversation and to record the comments. Your job requires you to be neutral and even when you have strong opinions, you must keep them to yourself. It is often helpful to let the group know that you are not allowed to contribute to the substance of the discussion. We want to find out what the group thinks.

Third: Place the first question before the group and search for ideas. Use a flip chart and have each question you would like to have addressed written at the top of a sheet. These questions should be broad and conducive to thought and creativity. For example, "If your community was able to develop optimal housing alternatives for the elderly, what would you like to see developed?"

Then give the members a few minutes to think and some scratch paper and pencils to write their ideas on. Tell them you won't collect the paper, but will go

around the room asking each person to contribute their suggestions until we are tapped out as a group. After a few minutes (when pencils are not moving) ask each member of the group to give you one item from their notes. As these are given, write them on the flip chart! (This can be done by either the facilitator or the recorder and can serve as the outline of the minutes or notes.) It is very important that you write down each persons contribution whether you think it is good or not. This validates them and their participation and builds the group. As you put the items up, you may indulge in "active listening". This means you say to the participant, "What I heard you saying is ... and then use your own recollection and words." This is particularly important if someone uses negative wording. You simply make it positive. For example, if someone says "nobody should have to put up with people digging through their stuff" you can say, "OK, I hear you saying that we need to protect people's private things." Follow this, going around the room with each person contributing until the ideas stop. At this point you have an exhaustive list of the ideas from the group.

Fourth: Clarify and rate the ideas. Now, using the list of ideas you will ask people to rate them. Before they rate them, you should go through the list item by item and ask if any clarification is needed. Many will be clear and some clarification may have been given when items were put up. Occasionally when someone brings up an idea like "respite care" it may need some clarification for all the members of the group to have an equal understanding. Once the items have been clarified, the members of your group should be given stickers (stars or dots) to use in balloting. The number of votes is a function of the number of alternatives. A guide of 1/4 is

helpful. Each participant should be able to vote for 1 item of every 4 on the list, so if you had 20 items, each person should be given 5 stickers. Then they should be told to look over the list and decide which items are the most important, go to the paper and place their stickers next to the items they prefer. The result of this will give you a measure of consensus and an indication of where the highest priorities are.

Please note: This process is often called a nominal group process and is very effective.

Fifth: Move to the next question and repeat the process. This process will be repeated for the other questions. Normally one limits a focus group to three or four major questions. This means you will have three or four sets of items that have been ranked by the participants.

Sixth: Use the consensus items for discussion and form a group report. The items with the highest number of stickers are the winners. With each of the lists, you now return to these and ask people to tell you what they think about them. Why did they rate this high? What about them is valued. You will notice how the conversation is now focused on a few of the items and many have just faded into the background - still there, but with little support. The recorder should record the discussion - this part of the meeting is not put on the flip chart, but a free conversation about the most important contributions. The recorder should not seek to take verbatim notes, but rather to capture the spirit of the meeting. In other words, write what people are saying in general.

Seventh: Group reports. Often the group report is written after the meeting is over. It helps if the group can reach closure and give guidance to the team who will

assemble the report. As the group, “What do we agree on here?” and look for them to provide the consensus. Occasionally an accordion process is used where a larger group is formed after the small focus groups and each small focus group makes a report of its “decisions” or consensus. In this case they must decide what to report out. Keep in mind that if a group report is required, the group should elect a delegate to report the results - not you!

This concludes the process and you have results. When the results of all the groups are finished, you have a pretty decent impression of what’s going on in the minds of your people.

POPULATION PROJECTIONS

The method for projecting populations entails first estimating the population by age using the 1990 census totals for each service unit and the population distributions by age and sex prepared by the Indian Health Service (IHS). For five-year age cohorts, 25 and over, the service unit population was estimated by applying the combined male and female proportions to the total population as reported in population projections prepared by the Indian Health Service in 1998. It is important to note that the projections prepared by IHS provide for population totals only. Our objective is to project the 55 and over cohorts and to assess future growth patterns among the elderly. To accomplish this goal we used the base population of 1990 as calculated for those 35 and above in five year cohorts. Survival rates were computed from the Life Tables for American Indians and

Alaskan Natives prepared for each service area. Again, we applied the survival rates for each five-year cohort 25 and above in order to project the 55 and over population through the year 2020. This permits us to project the population by age with five-year age groups. In doing this, we assume the 1998 life table values will remain constant and that migration will not be a factor. The former assumption is likely to yield somewhat conservative projections as the life expectancy continues to rise. The migration assumption is reasonable as people's propensity to move declines with age.

The results from the projections are summarized in the four rows indicating the change in population from 1990 through 2020 in five-year increments. The four rows that show patterns of growth and are important for future needs are the total over 55, total over 65, total over 75, and total 85 and over. As we recognize the growth of the elderly in Indian populations, it is also important to recognize that the growth of population at advanced ages brings with it increased needs for services, both health care and social. As one computes the rates for ADL limitations, for example, we can apply those rates to the over 55 cohort and derive the number of people who will need some form of assistance in the future. In this case, the proportion having 1 or more ADL limitation multiplied by the population over 55 will yield the number of elders who will need help in the future. Similar computations can be done with specific chronic diseases, obesity or any prevalence rate. This tool assists you in seeing what the future is likely to bring.

Note: Since the projections are for service units, you can estimate the tribes numbers by using the proportion your tribe is of the service unit to which you

belong. Some are the same and other units consist of many tribes. Thus if you are 15% of a service unit, you can lay claim to 15% of the population in each age group for each time period.

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Appendix A:

Draft Tribal Resolution

TRIBAL COUNCIL RESOLUTION NO. ABC-00-000

Authorizes* INSERT TRIBE *Tribal Participation in Nation-wide Elder Needs Assessment

WHEREAS **INSERT TRIBAL CONSTITUTION AND BY-LAWS INFORMATION HERE**

WHEREAS Long-term care, a category that includes health promotion, home health services, personal care, housekeeping assistance, meals-on-wheels, skilled nursing care, assisted living, and other in-home services, is an emerging unmet need in Indian Country; and,

WHEREAS The University of North Dakota National Resource Center on Native American Aging has been awarded a grant through the Administration on Aging, Department of Health and Human Services, to provide technical assistance on the health and social needs of Native elderly and assist Tribes in conducting a needs assessment which is a requirement for their AoA grant; and,

WHEREAS The needs assessment is designed to yield information on the following Native elder health care needs:

- General Health Status
- Activities of Daily Living
- Visual, Hearing, and Dental
- Tobacco and Alcohol Use
- Nutrition, Exercise, and Excess Weight
- Social Support, Housing, and Work

WHEREAS In addition to providing technical assistance, the grant to University of North Dakota National Resource Center on Native American Aging is required by the Older Americans Act to perform research and disseminate the results of the research, and

WHEREAS The University of North Dakota National Resource Center on Native American Aging is asking Tribes throughout the nation to volunteer to participate in a partnership arrangement, to identify the needs of American Indian and Alaska Native elders nationwide, in which the University and the Tribe will each assume responsibilities:

<u>What the University of North Dakota will provide:</u>

- Needs assessment instruments
- Assistance in sampling
- Training of interviewers

- Consultation with interviewers via email or telephone
- Data entry and analysis
- Data storage
- Production of tables and comparisons with national statistics

What each Tribe will provide:

- A Tribal Resolution documenting participation in the Native elder social and health needs assessment
- A list of elders to interview
- Interviewers or volunteers to conduct the survey
- Interpretation of the results with local input
- Development of recommendations for actions
- Dissemination of the results to tribal leaders and health officials

WHEREAS, Summary information from your needs assessment, along with a national comparison report from all the Tribal needs assessments, will be returned to the tribal council and to the tribal contact person; and,

WHEREAS, The confidentiality of enrolled members and Tribal information is of the utmost importance; therefore, the information in this needs assessment will be collected anonymously by tribal members with the information stored at the UND School of Medicine and Health Sciences within a locked file cabinet and destroyed after a period of three years.

NOW, THERFORE, BE IT RESOLVED, That the Tribal Council of the **INSERT TRIBE** hereby authorizes participation in the "Identifying Our Needs: A Survey of Elders" Native elder social and health needs assessment. The Tribal Council grants permission to the University of North Dakota National Resource Center on Native American Aging to use all collected needs assessment information in aggregate format for the purpose of disseminating state, regional, and national results from analyses of the data. Further, be it resolved that specific information collected within the boundaries of the **INSERT TRIBE** belongs to the **INSERT TRIBE** and may not be released in any form to individuals, agencies, or organizations without additional tribal authorization.

Appendix B:

Revised Survey Instrument

Identifying Our Needs: A Survey of Elders II

Funding for this project is provided by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

MARKING EXAMPLE — NUMBER OF TIMES: 2, 5

GENERAL HEALTH STATUS

(The following questions are related to your general health status, any Chronic diseases you might have, and your ability to get around.)

1. Would you say your health in general is excellent, very good, good, fair, or poor?
   - ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor

2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?
   - ○ None
   - NUMBER OF TIMES: 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

3. Has a doctor ever told you that you had any of the following diseases. **(Please mark all that apply)**
   - ○ Arthritis?
   - ○ Congestive Heart Failure?
   - ○ Stroke?
   - ○ Asthma?
   - ○ Cataracts?
   - ○ Diabetes?
     - ○ Do you take oral medication?
     - ○ Do you take insulin?
     - ○ Are you on dialysis?
     - ○ (For women) Was this only during a pregnancy?
   - ○ Prostate Cancer?
   - ○ Colon/Rectal Cancer?
   - ○ Lung Cancer?
   - ○ Breast Cancer?
   - ○ Other Cancer?
   - ○ High Blood Pressure?
   - ○ Osteoporosis?
   - ○ Depression?

4. How long has it been since you had your blood stool test using a home kit?
   - ○ Never
   - ○ Within the past year
   - ○ Within the past 2 years
   - ○ Within the past 3 years
   - ○ Within the past 5 years
   - ○ 5 or more years ago

5. How long has it been since you had your last mammogram? (For women only)
   - ○ Never
   - ○ Within the past year
   - ○ Within the past 2 years
   - ○ Within the past 3 years
   - ○ Within the past 5 years
   - ○ 5 or more years ago

6. How long has it been since you had your last Pap smear? (For women only)
   - ○ Never
   - ○ Within the past year
   - ○ Within the past 2 years
   - ○ Within the past 3 years
   - ○ Within the past 5 years
   - ○ 5 or more years ago

7. How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check MEN for prostate cancer? (For men only)
   - ○ Never
   - ○ Within the past year
   - ○ Within the past 2 years
   - ○ Within the past 3 years
   - ○ Within the past 5 years
   - ○ 5 or more years ago

ACTIVITIES OF DAILY LIVING (ADL'S)

8. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... **(Please mark all that apply)**

   Yes Needs Assistance
   - ○ Bathing or showering?
   - ○ Dressing?
   - ○ Eating?
   - ○ Getting in or out of bed?
   - ○ Walking?
   - ○ Using the toilet, including getting to the toilet?

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

9. Because of a health or physical problem that lasted longer than 3 months, did you have difficulty... **(Please mark all that apply)**

   Yes Needs Assistance
   - ○ Preparing your own meals?
   - ○ Shopping for personal items (such as toilet items or medicines)?
   - ○ Managing your money, (such as keeping track of expenses or paying bills)?
   - ○ Using the telephone?
   - ○ Doing heavy housework, (like scrubbing floors, or washing windows)?
   - ○ Doing light housework, (like doing dishes, straightening up, or light clean up)?
   - ○ Getting outside?

VISION, HEARING, & DENTAL

10. Do you have total blindness in one or both eyes?
    - ○ Yes, one eye ○ Yes, both eyes ○ No

11. Do you use eyeglasses or contact lenses?
    - ○ Yes ○ No

12. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?
    - ○ Yes, one eye ○ Yes, both eyes ○ No

13. How long ago was your last visit to the optometrist or eye doctor?
    - ○ 6 months or less
    - ○ More than 6 months, but not more than 1 year ago
    - ○ More than 1 year, but not more than 2 years ago
    - ○ More than 2 years, but not more than 3 years ago
    - ○ More than 3 years, but not more than 5 years ago
    - ○ More than 5 years ago
    - ○ Never have been

PLEASE DO NOT WRITE IN THIS AREA

01609

VISION, HEARING, & DENTAL

14. Do you now have total deafness in one or both ears?

○ Yes, one ear ○ Yes, both ears ○ No

15. Do you use a hearing aid? ○ Yes ○ No

16. Do you have trouble hearing (even when wearing your hearing aid)? ○ Yes ○ No

17. How long has it been since your last hearing test?

○ 6 months or less
○ More than 6 months, but not more than 1 year ago
○ More than 1 year, but not more than 2 years ago
○ More than 2 years, but not more than 3 years ago
○ More than 3 years, but not more than 5 years ago
○ More than 5 years ago
○ Never have been

18. What type of dental care do you need now? **(Please mark all that apply)**

○ Teeth filled or replaced (for example, fillings, crowns, and/or bridges)
○ Teeth pulled
○ Gum treatment
○ Denture work
○ Relief of pain
○ Work to improve appearance (for example, braces or bonding)
○ Other
○ None

19. How long ago was your last visit to a dentist or dental hygienist?

○ 6 months or less
○ More than 6 months, but not more than 1 year ago
○ More than 1 year, but not more than 2 years ago
○ More than 2 years, but not more than 3 years ago
○ More than 3 years, but not more than 5 years ago
○ More than 5 years ago
○ Never have been

HEALTH CARE ACCESS

20. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

○ Yes ○ Don't know/Not sure
○ No ○ Refused

21. If yes, which type of health care coverage do you have **(Please mark all that apply)**?

○ Medicare ○ Indian Health Service
○ Medicaid ○ Tribal Insurance
○ Private Insurance ○ Other
○ Veteran's Administration

22. Do you have one person you think of as your personal doctor or health care provider?

○ Yes, only one ○ Don't know/not sure
○ More than one ○ Refused
○ No

23. When you are sick or need advice about your health, to which one of the following places do you usually go?

○ A doctor's office
○ A public health clinic (I.H.S. or tribal) or community health center
○ A hospital outpatient department
○ A hospital emergency room
○ Urgent care center
○ Some other kind of place
○ No usual place

24. Was there a time in the past 12 months when you needed medical care, but could not get it?

○ Yes (go to question 25)
○ No (go to question 26)

25. What is the main reason you did not get medical care?

○ Cost
○ Distance
○ Office wasn't open when I could get there
○ Too long a wait for an appointment
○ Too long a wait in waiting room
○ No child care
○ No transportation
○ No access for people with disabilities
○ The medical provider didn't speak my language.
○ Other

TOBACCO & ALCOHOL USAGE

26. Do you smoke cigarettes now?

○ Yes, everyday
○ Yes, some days (e.g. ceremonial or social)
○ No (Skip to question #28)

27. How many cigarettes do you smoke a day? (Please enter the number of cigarettes.)

NUMBER OF CIGARETTES

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

28. Do you use chewing tobacco or snuff? ○ Yes ○ No (If no, skip to question #30)

29. How many containers of snuff or chewing tobacco per week do you use?

Number of Containers

0	1	2	3	4	5	6	7	8	9

30. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?

○ Within the past 30 days
○ More than 30 days ago but within the past 12 months
○ More than 12 months ago but within the past 3 years
○ More than 3 years ago
○ I have never had an alcoholic drink in my life (skip to question #32)

31. During the past 30 days, on how many days did you have five or more drinks on the same occasion? (By "occasion," we mean at the same time or within a couple hours of each other).

- ○ None
- ○ 1 or 2 days
- ○ 3 to 5 days
- ○ 6 or more

WEIGHT & NUTRITION

32. How tall are you without shoes?

FEET ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INCHES ⓪ ① / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

33. How much do you weigh today?

POUNDS ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

34. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

- ○ Yes, to lose weight
- ○ Yes, to gain weight
- ○ No

35. Are you presently trying to lose or gain weight?

- ○ Yes, trying to lose weight
- ○ Yes, trying to gain weight
- ○ No, my weight is OK

36. Please mark all that apply to your nutritional health.

Yes

- ② I have an illness or condition that made me change the kind and/or amount of food I eat.
- ③ I eat fewer than 2 meals per day.
- ② I eat few fruits or vegetables or milk products.
- ② I have 3 or more drinks of beer, liquor or wine almost every day.
- ② I have tooth or mouth problems that make it hard for me to eat.
- ④ I don't always have enough money to buy the food I need.
- ① I eat alone most of the time.
- ① I take 3 or more different prescribed or over-the-counter drugs a day.
- ② Without wanting to, I have lost or gained 10 pounds in the last 6 months.
- ② I am not always physically able to shop, cook and/or feed myself.

☐ ADD FOR TOTAL SCORE

0-2 = good,
3-5 = moderate nutritional risk,
6 or more = high nutritional risk

EXERCISE

37. Over the past 30 days, what vigorous exercises did you do? **(Please mark all that apply)**

- ○ Aerobics
- ○ Bicycling
- ○ Bicycling on a stationary bike?
- ○ Gardening
- ○ Jogging
- ○ Jogging on a treadmill?
- ○ Running
- ○ Running on a treadmill?
- ○ Walking
- ○ Walking on a treadmill?
- ○ Swimming
- ○ Weight Lifting
- ○ Yard Work
- ○ Traditional Pow-wow Dancing

SOCIAL SUPPORT/HOUSING

38. How often do you attend church, sweats, ceremonies, or religious services?

TIMES PER WEEK ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

39. How many clubs or organizations such as church groups, community boards, or school groups do you belong to?

NUMBER OF GROUPS ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

40. Altogether, how often do you attend meetings of the clubs or organizations that you belong to?

TIMES PER WEEK ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

41. How long have you lived at your present address?

- ○ Whole life
- ○ 21 years & over
- ○ 11 - 20 years
- ○ 5 - 10 years
- ○ 3 - 4 years
- ○ 1 - 2 years
- ○ Less than 1 year

42. What type of housing do you presently have?

- ○ Single family residence
- ○ An apartment
- ○ Sleeping room, boarding house
- ○ *Retirement home
- ○ *A health facility (available medical personnel)
- ○ Other

(* If retirement home/health facility is checked skip to question #49)

43. Are you living with family members, non-family members, or alone?

- ○ With family members
- ○ With non-family members
- ○ With both family and non-family members
- ○ Alone

44. How many (including yourself) live in your household?

NUMBER IN HOUSEHOLD ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ / ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

45. Do you have a family member who cares for you?

○ Yes ○ No

46. Do you take care of grandchildren?

○ Yes ○ No

Please continue on the next page

47. Which of the following services are available in your community? **(Please mark all that apply)**

- ○ Dietary and nutritional services
- ○ Meals on wheels
- ○ Transportation
- ○ Occupational/vocational therapy
- ○ Speech/audiology therapy
- ○ Respite care (temporary)
- ○ Personal care (e.g. bathing)
- ○ Skilled nursing services
- ○ Physician services
- ○ Social services
- ○ Physical therapy
- ○ Home health services
- ○ Adult day care
- ○ Assisted living (an apartment where personal care services are available)
- ○ Nursing Home
- ○ Other services

48. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services? **(Please mark all that apply)**

Now Using	Would Use	
○	○	Dietary and nutritional services
○	○	Meals on wheels
○	○	Transportation
○	○	Occupational/vocational therapy
○	○	Speech/audiology therapy
○	○	Respite care (temporary)
○	○	Personal care (e.g. bathing)
○	○	Skilled nursing services
○	○	Physician services
○	○	Social services
○	○	Physical therapy
○	○	Home health services
○	○	Adult day care
○	○	Assisted living (an apartment where personal care services are available)
○	○	Nursing Home
○	○	Other Services

49. Have you been employed full or part-time during the past 12 months? ○ Yes ○ No

50. If No: What were the main reasons you did not work in the past 12 months?

- ○ Retired
- ○ Ill, disabled
- ○ Taking care of home or family
- ○ Unable to find work
- ○ Doing something else

DEMOGRAPHICS

51. Sex ○ Male ○ Female

52. Age ENTER AGE

	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

53. Current marital status

- ○ Married or living with partner
- ○ Divorced or separated
- ○ Widowed
- ○ Single, never married

54. What is your personal annual income?

- ○ Under $5,000
- ○ $5,000 - $6,999
- ○ $7,000 - $9,999
- ○ $10,000 - $14,999
- ○ $15,000 - $19,999
- ○ $20,000 - $24,999
- ○ $25,000 - $34,999
- ○ $35,000 - $49,999
- ○ $50,000 or more

55. What is the highest grade or year of regular school you have completed?

- ○ Never attended or kindergarten only
- ○ Elementary ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
- ○ High School ⑨ ⑩ ⑪ ⑫
- ○ College ① ② ③ ④ ⑤+
- ○ Graduate School
- ○ Refused

56. What county and zip code do you currently reside?

Zip →

County _____

⓪	⓪	⓪	⓪	⓪
①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

57. Are you Alaskan Native, Native American, Native Hawaiian, or other?

- ○ Alaskan Native
- ○ Native American
- ○ Native Hawaiian
- ○ Other

58. Do you reside on a reservation, trust land, or in an Indian Community? ○ Yes ○ No

59. If yes, how long have you lived on a reservation, trust land, or in an Indian Community?

- ○ All my life
- ○ 50 years or more
- ○ 30 to 49 years
- ○ 10 to 29 years
- ○ Less than 10 years

60. Are you an enrolled member of a federally recognized tribe? ○ Yes ○ No

61. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

- ○ Yes, now on active duty
- ○ Yes, on active duty during the last 12 months, but not now
- ○ Yes, on active duty in the past, but not during the past 12 months
- ○ No, training for Reserves or National Guard only
- ○ No, never served in the military (skip to end)

62. When did you serve on active duty in the U.S. Armed forces? **(Mark each period in which you served)**

- ○ September 2001 or later
- ○ August 1990 to August 2001 (including Persian Gulf War)
- ○ September 1980 to July 1990
- ○ May 1975 to August 1980
- ○ Vietnam era (August 1964-April 1975)
- ○ March 1961 to July 1964
- ○ February 1955 to February 1961
- ○ Korean War (July 1950-January 1955)
- ○ January 1947 to June 1950
- ○ World War II (December 1941-December 1946)
- ○ November 1941 or earlier

Thank you for your cooperation!!!

PLEASE DO NOT WRITE IN THIS AREA

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Appendix C:

Interview Guide

Interviewing the Elders: A Brief Guide

National Resource Center on Native American Aging
University of North Dakota
PO Box 9037
Grand Forks, ND 58202-9037
rmcdonal@medicine.nodak.edu
Phone: (800) 896-7628

YOUR RESPONSIBILITIES

As an interviewer you represent your agency or the agency who is undertaking this survey. At the onset of the interview you should introduce yourself and the nature of this project. The data are being collected in order to enable us to plan for the elderly and advocate for the elders with systematic information. The questions you will be asking are not sensitive in nature and are designed to be very similar to questions asked on a variety of national surveys. This will permit comparisons with national data and enables us to determine whether disparities exist between the elders of your community and the nation.

During the introductions, you should chat with the respondent and establish a friendly relationship. This is the time to put them at ease with both your presence and the questions to be asked. Explain to each respondent:

Who is doing this project?

You are being asked by a local organization to assist with this data collection. Explain to them that this is a local effort being conducted with the University of North Dakota. **The data is for local use** in identifying the needs of the elders, for planning and for documenting the needs with statistical data. You may explain that the questionnaires are sent to UND for precessing and that the tribe will get a statistical profile of the elders along with national comparisons. Eventually we will also be able to provide a comparison with other Indian elders around the nation from a file that aggregates all elders from throughout the nation.

Why them?

You either are talking to all the elders if your tribe is small or are talking to a randomly drawn sample. If it is a sample, then explain to them that their name was drawn as one of the elders who would represent the tribe. As a result, it is very important that they give complete and accurate answers.

How do I know this is legitimate?

You should have a back up telephone number they could call if they want to check you out. This could be the director of Community Health Representatives (CHR) and it is highly unlikely that it will be needed. Just being able to give the number trends to authenticate you as an interviewer.

Confidentiality?

Responses will definitely be confidential. Their name is not to be placed on the survey instrument and they should be assured that they will not be identified. The results will be entered into a computer and used for statistical purposes only. No individual responses will be identified.

Can I get a copy of the results?

When the results are back, anyone can look at them. Each locality is encouraged to use highlights from the results as press release material for the local newspapers. This will be good public service information and should be interesting to the community.

PLACE

To the extent possible, you should negotiate a place where you can talk without interruption. You might ask if there is a place you can talk where you won't bother others and that would be sort of private. The place should be neutral, private, and comfortable if at all possible.

Too busy... This should only take a few minutes of your time, but if this is a bad time perhaps we could arrange a time that would be more convenient.

Bad health... I'm sorry to hear you aren't feeling well. Information about the needs of people who have health problems is what this study is all about and we really need to hear from you. It will be short, but if there might be a better time I could come back.

I don't know enough to answer - inadequate feelings... These questions aren't difficult and its not a test. There are no right or wrong answers. We just need to find out something about you. Why don't we try a few questions to see if they don't sound OK.

What I think is no one else's business... I can certainly understand. This is why we keep all replies confidential. Your privacy will be strictly protected and your opinion will still count.

Objects to survey... We think this survey is important because we need to know more about the elders in our community. Unlike many surveys, this one is local and will provide us the information we need.

ASKING THE QUESTIONS

Ask the questions as they are worded. Rewording the questions or rephrasing them should be avoided. A change of wording can alter the meaning of the questions and it is important that each respondent get the same questions. It may help tp practice asking the questions before you begin actual interviewing in order to make them feel comfortable. You can do this by asking a friend to serve as a "pretend elder" and role play where they are the respondent and you try out the questionnaire. After a few practice sessions, the questions should begin to feel more natural.

Misunderstood questions. It is easy for a respondent to miss a word or two as the question is read. If you think a question was misunderstood, it should be repeated precisely as it was worded. For some respondents, it may help to give them a copy of the questions to follow as you ask them. <u>You should fill out the form</u>.

If you need to repeat a question, you might use a lead in as follows:

"Could I read the question and answer I just recorded to be sure I have everything right?" Or "I think I may not have read the question correctly. May I read it again, just to be sure?"

I don't know the answers. It is not always wise to accept the I don't know answer. An answer saying "I don't know," may mean.

1) The respondent didn't understand the question - try repeating it.
2) It may be used as a stall to buy time to think - allow the respondent some time and try again.
3) It may indicate that the item is embarrassing - give the reassurance.

Recording the responses. Each response should be recorded by darkening the circle(s) fitting the response. Please note that some items response. Please not that some items allow for "all that apply" and others allow only one response. Use pencil and darken the circle. Don not fold the surveys as they must be fed into a scanner for data entry and folded forms tend not to work.

Funding for this project is provided by a grant,
number 90-AM-2751, from the Administration on Aging,
Department of Health and Human Services

Appendix D:

Problem Questions

Problem Questions

Additional Instructions for Questions 2, 27, 32, 33, 36, 38-40, 44, 56

32. How tall are you without shoes?

FEET: 5

INCHES: 9

If the height is 5 feet 9 inches.

33. How much do you weigh today?

POUNDS: 145

If the weight is 145 pounds.

36. Please mark all that apply to your nutritional health.

Yes

- ② I have an illness or condition that made me change the kind and/or amount of food I eat.
- ● I eat fewer than 2 meals per day.
- ② I eat few fruits or vegetables or milk products.
- ② I have 3 or more drinks of beer, liquor or wine almost every day.
- ② I have tooth or mouth problems that make it hard for me to eat.
- ● I don't always have enough money to buy the food I need.
- ● I eat alone most of the time.
- ① I take 3 or more different prescribed or over-the-counter drugs a day.
- ② Without wanting to, I have lost or gained 10 pounds in the last 6 months.
- ② I am not always physically able to shop, cook and/or feed myself.

8 ADD FOR TOTAL SCORE

1-2 = good
3-5 = moderate nutritional risk
6 or more = high nutritional risk

If they eat fewer than 2 meals per day (3), don't always have enought money to buy food (4), and eat alone most of the time (1). By adding up the choices, we arrive at the total score of 8.

44. How many (including yourself) live in your household?

NUMBER IN HOUSEHOLD: 1

If the elder lives alone, the number in the household is 1. The same type of response applies to questions 2, 27, and 38-40.

45. What county and zip code do you currently reside?

Zip → 58202

County Grand Forks

Enter the zip code and also write in the county of residence.

Appendix E:

SPSS Output

Frequency Tables for Aggregate Data File

Would you say your health in general is excellent, very good, etc.?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	excellent	374	4.0	4.1	4.1
	very good	1271	13.7	14.0	18.1
	good	3100	33.3	34.1	52.1
	fair	3064	33.0	33.7	85.8
	poor	1292	13.9	14.2	100.0
	Total	9101	97.9	100.0	
Missing	missing	195	2.1		
Total		9296	100.0		

How many times did you stay in the hospital overnight?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none	6041	65.0	69.1	69.1
	1 night	1149	12.4	13.1	82.2
	2 nights	630	6.8	7.2	89.4
	3 or more nights	923	9.9	10.6	100.0
	Total	8743	94.1	100.0	
Missing	missing	553	5.9		
Total		9296	100.0		

arthritis?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	4368	47.0	47.0	47.0
Missing	missing	4928	53.0	53.0	100.0
Total		9296	100.0		

congestive heart failure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1067	11.5	11.5	11.5
Missing	missing	8229	88.5	88.5	100.0
Total		9296	100.0	100.0	

stroke?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	848	9.1	9.1	9.1
Missing	missing	8448	90.9	90.9	100.0
Total		9296	100.0	100.0	

Appendix F:

Comparison Sheet

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and Over)	Aggregate Tribal Data (55 and Over)	NHANES III (55 and over)
1. Would you say your health in general is excellent, very good, good, fair, or poor?	Excellent		4.1%	11.0%
	Very Good		14.0%	20.0%
	Good		34.1%	34.0%
	Fair		33.7%	25.0%
	Poor		14.2%	9.0%
2. During the past 12 months, how many times did you stay in the hospital overnight or longer?	None		69.1%	82.0%
	1		13.1%	12.0%
	2		7.2%	4.0%
	3 or more		10.6%	2.0%
3. Has a doctor ever told you that you had –	a. Arthritis?		47.0%	40.0%
	b. Congestive Heart Failure?		11.5%	8.0%
	c. Stroke?		9.1%	8.0%
	d. Asthma?		9.9%	7.0%
	e. Cataracts?		20.1%	28.0%
*Cancer rates derived from the 1997 National Cancer Institute prevalence estimates * 1997 U.S. Census population projections.	f. *Breast Cancer?		2.3%	3.0%
	g. *Prostrate Cancer?		2.8%	2.0%
	h. *Colon/Rectal Cancer?		1.5%	3.0%
	i. *Lung & Bronchus Cancer?		.8%	Less than 1%
	j. Other Cancer?		3.4%	N/A
	j. High Blood Pressure		49.8%	43.0%
	k. Diabetes?		37.4%	14.0%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**94' NLTCS (65 and over)**
4. Because of a health or physical problem, do you have difficulty --	a. Bathing or showering?		16.7%	36.8%
	b. Dressing?		11.6%	15.8%
	c. Eating?		7.5%	8.1%
	d. Getting in or out of bed?		13.1%	22.1%
	e. Walking?		28.1%	33.7%
	f. Using the toilet, including getting to the toilet?		8.9%	22.8%
We have inserted this column to give a count of the number of **activities of daily living (adl's)**, and their percentages.	0 adl's		64.3%	53.1%
	1 adl's		16.1%	13.3%
	2 adl's		6.9%	9.2%
	3 adl's		4.2%	7.9%
	4 adl's		2.5%	5.0%
	5 adl's		2.5%	5.4%
	6 adl's		3.5%	6.2%
5. Because of a health or physical problem, do you have any difficulty--	a. Preparing your own meals?		18.1%	19.7%
	b. Shopping for personal items (such as toilet items or medicines)?		17.0%	34.8%
	c. Managing your money (such as keeping track of expenses or paying your bills)?		10.3%	17.9%
	d. Using the telephone?		8.0%	9.6%
	e. Doing heavy housework (like scrubbing floors, or washing windows)?		37.3%	51.6%
	f. Doing light housework, (like doing dishes, straightening up, or light cleaning)?		17.1%	17.0%
	g. Getting outside?		15.4%	44.2%

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	94' NLTCS (65 and over)
We have inserted this column to give a count of the number of **instrumental activities of daily living, (iadl's)** and their percentages.	0 iadl's		55.6%	38.6%
	1 iadl's		17.1%	15.0%
	2 iadl's		8.4%	13.0%
	3 iadl's		5.5%	10.4%
	4 iadl's		3.9%	6.6%
	5 iadl's		3.7%	6.6%
	6 iadl's		2.5%	4.7%
	7 iadl's		3.4%	4.9%
The adls and iadls were combined to create a **measure for long-term care** need for your community. Please see cover letter on how this might be used for planning purposes.	Little or none		59.3%	44.9%
	Moderate		21.1%	21.5%
	Moderately severe		6.9%	9.2%
	Severe		12.7%	24.5%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**NHANES III (55 and over)**
6. Do you have total blindness in one or both eyes?	Yes		10.9%	3.0%
	Yes, one eye		8.2%	2.7%
	Yes, both eyes		2.7%	0.3%
	No		89.1%	97.0%
7. Do you use eyeglasses or contact lenses?	Yes		86.1%	89.0%
	No		13.9%	11.0%
8. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?	Yes		22.5%	19.0%
	No		67.5%	81.0%
9. How long ago was your last visit to the optometrist or eye doctor? – months	Never		1.8%	N/A
	Less than 6 months		28.6%	
	6 months to a year		30.8%	
	Over 1 year		38.7%	
10. Do you now have total deafness in one or both ears?	Yes		17.4%	4.0%
	Yes, one ear		12.9%	4.0%
	Yes, both ears		4.5%	Less than 1%
	No		82.6%	96.0%
11. Do you use a hearing aid?	Yes		13.0%	7.0%
	No		87.0%	93.0%
12. Do you have trouble hearing (even when wearing your hearing aid)?	Yes		17.5%	23.0%
	No		82.5%	77.0%
13. How long ago since your hearing was tested?	Never		18.8%	N/A
	Less than a month		8.2%	
	6 months to a year		15.9%	
	Over a year		57.1%	
14. What type of dental care do you need now? (Please check all that apply.)	Teeth filled or replaced (for example, fillings, crowns, and/or bridges)		18.4%	20.0%
	Teeth pulled		15.1%	11.0%
	Gum treatment		4.8%	4.0%
	Denture work		23.9%	16.0%
	Relief of pain		3.0%	1.0%
	Work to improve appearance (for example braces or bonding)		10.3%	3.0%
	Other		7.0%	Less than 1%
	None		31.0%	59.0%

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
15. How long ago was your last visit to a dentist or dental hygienist?	Never		3.5%	N/A
	Less than 6 months		22.2%	
	6 months to a year		20.9%	
	Over 1 year		53.4%	
16. Do you smoke cigarettes now?	Yes		25.9%	34.0%
	No		74.1%	66.0%
17. How many cigarettes do you smoke a day? Enter the number of cigarettes.	1-5 cigarettes/day		28.2%	14.0%
	6-10 cigarettes/day		34.7%	25.0%
	11-20 cigarettes/day		27.7%	42.0%
	21-30 cigarettes/day		5.9%	10.0%
	31 or more per day		3.5%	10.0%
18. Do you use chewing tobacco or snuff now?	Yes		4.3%	4.0%
	No		95.7%	96.0%
19. How many containers of snuff or chewing tobacco per week do you use? (Please enter the number of containers.)	1 container or less		52.7%	44.0%
	2 containers		26.0%	19.0%
	3 or more containers		21.3%	37.0%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**NHSDA (55 and over)**
20. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?	Within the past 30 days.		19.2%	38.2%
	More than 30 days ago but within the past 12 months.		8.2%	11.3%
	More than 12 months ago But within the past 3years.		5.7%	4.5%
	More than 3 years ago.		44.8%	23.0%
	I have never had an alcoholic drink in my life. **(Skip to Question #22)**		22.1%	23.1%
21. During the past 30 days, on how many days did you have five or more drinks on the same occasion?	None		85.8%	92.5%
	1 or 2 days		7.4%	3.7%
	3 to 5 days		3.2%	1.9%
	6 or more		3.6%	1.9%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**NHANES III (55 and over)**
22. How often do you eat breakfast – every day, on some days, rarely, never, or on weekends only?	Everyday		60.9%	77.0%
	Some days		23.7%	12.0%
	Rarely		9.0%	6.0%
	Never		3.3%	3.0%
	Weekends Only		3.1%	2.0%
23. How tall are you without shoes?	**The height & weight questions were used in a formula to determine the Body Mass Index (BMI) of individuals interviewed.**			
24. How much do you weigh today? Enter weight in pounds.				
We have inserted this column to give the **present Body Mass Index (BMI)** of your tribal elders. The formula is currently being used by NHANES to show the relationship between height and weight.	Low/normal weight		24.2%	47.0%
	Overweight		36.2%	35.0%
	Obese		39.6%	18.0%
25. How much did you weigh when you were 25 years old? Enter weight in pounds.	**The weight at age 25 question was used in a formula to determine Body Mass Index (BMI) at age 25.**			
We have inserted this column to give the **Body Mass Index (BMI) at age 25.** The formula is currently being used by NHANES to show the relationship between height & weight.	Low/normal weight		62.3%	82.0%
	Overweight		24.8%	14.0%
	Obese		12.9%	4.0%

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
26. Do you consider yourself now to be overweight, underweight, or just about the right weight?	Overweight		49.1%	44.0%
	Underweight		6.7%	7.0%
	About the right weight		44.2%	49.0%
27. During the past 12 months, have you tried to lose weight?	Yes		32.9%	30.0%
	No		67.1%	70.0%
28. During the past 12 months, have you changed what you eat because of any medical reason or health condition?	Yes		40.2%	19.0%
	No		59.8%	81.0%
29. What were the medical reason(s) or health conditions that caused you to change what you eat? (Check all that apply)	Overweight/obesity		11.8%	18.0%
	High blood pressure		19.7%	32.0%
	High blood cholesterol		11.7%	43.0%
	Diabetes		23.1%	20.0%
	Heart Disease		7.9%	10.0%
	Allergy		1.9%	1.0%
	Ulcer		2.0%	3.0%
	Other		11.1%	2.0%
For the exercise questions, we recoded the answers to yes or no, rather than times per week.				
30. In the past month, how often did you walk a mile or more at a time without stopping?	Yes		35.2%	37.2%
	No		64.8%	62.8%
31. Jog or run?	Yes		4.0%	3.9%
	No		96.0%	96.2%
32. Ride a bicycle or exercise bike?	Yes		7.4%	11.7%
	No		92.6%	88.3%
33. Swim?	Yes		2.6%	4.1%
	No		97.4%	95.9%
34. Do aerobics or aerobic dancing?	Yes		2.8%	2.8%
	No		97.2%	92.2%
35. Do other dancing such as traditional (pow-wow) dancing?	Yes		6.2%	8.1%
	No		93.8%	91.9%
36. Do calisthenics or exercise?	Yes		14.7%	14.8%
	No		85.3%	85.2%
37. Garden or do yard work?	Yes		36.2%	46.0%
	No		63.8%	54.0%
38. Lift weights?	Yes		6.9%	4.0%
	No		93.1%	96.1%
We have inserted this column to give a count of the **number of exercise activities** and their percentages.	0 activities		41.2%	58.9%
	1 activity		26.6%	37.0%
	2 activities		17.3%	3.7%
	3 activities		8.2%	0.3%
	4 activities		4.2%	0.0%
	5 or more activities		2.4%	0.0%
39. How often do you attend church, sweats, ceremonies, or religious services? Enter times per year.	None		47.6%	53.0%
	Once per week		36.5%	36.0%
	2 or more times a week		16.0%	11.0%
40. How many clubs, organizations, such as church groups, community boards, or school groups, do you belong? Enter number of groups.	None		60.5%	65.0%
	1		56.9%	21.0%
	2		21.1%	9.0%
	3		11.0%	27.0%
	4		5.3%	17.0%
	5 or more		5.8%	26.0%
41. Altogether, how often do you attend meetings of the clubs or organizations that you belong to? Enter times per week.	None		65.9%	90.9%
	Once per week		22.7%	4.4%
	2 or more times per week		11.4%	4.7%

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	NHANES III (55 and over)
42. How long have you lived at your present address?	21 Years & Over		69.1%	42.9%
	11-20 years		12.7%	21.8%
	5-10 years		7.2%	15.5%
	3-4 years		6.7%	7.0%
	1-2 years		4.3%	7.2%
	Less than 1 year		0.0%	5.6%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**NHHCS (55 and over)**
43. What type of housing do you presently have?	Private residence (house or apt)		95.1%	90.1%
	Sleeping room, boarding house		.6%	0.6%
	Retirement home		1.2%	1.9%
	Health facility		.5%	2.1%
	Other. Specify		2.7%	5.3%
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**No Data Available**
44. Are you living with family members, nonfamily members, or alone?	With family members		68.0%	N/A
	With nonfamily members		2.9%	
	With both family & nonfamily members		1.6%	
	Alone		27.5%	
45. How many live in your household?	Enter number in household.	**(55 and over)** Avg=	**Aggregate (55 and over)** Avg=2.78	**NHIS (55 and over)** Avg=2.11
46. Are any type of services provided to you? (Check all that apply)	Dietary and nutritional services		18.9%	**N/A**
	Occupational/vocational therapy		1.2%	
	Speech/audiology therapy		.6%	
	Meals on wheels		25.5%	
	Transportation		16.8%	
	Respite care (temporary)		2.0%	
	Personal care (e.g. bathing)		4.3%	
	Skilled nursing services		4.7%	
	Physician services		13.7%	
	Social services		9.5%	
	Physical therapy		3.4%	
	Other services		7.8%	
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**No Data Available**
We have inserted this column to give a count of the number of services provided and their percentages.	0 services		45.1%	**N/A**
	1 services		27.6%	
	2 services		13.9%	
	3 services		6.9%	
	4 services		3.3%	
	5 services		1.6%	
	6 services		.8%	
	7 services		.4%	
	8 services		.1%	
	9 or more services		.3%	

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	No Data Available
47. If at some point in your life you became unable to meet your own needs, would you be willing to use? **(Check all that apply)**	Nursing home		18.2%	N/A
	Assisted Living (an apartment where help with personal needs is provided)		64.8%	
48. Have you been employed full or part-time during the past 12 months?	Yes		28.9%	
	No		71.1%	
49. If yes: Please list the job in which you received the most earnings in the past 12 months.	Enter occupation.	See frequency tables	See frequency tables	
Question	**Response(s)**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and over)**	**No Data Available**
50. If no: What was the main reason you did not work in the past 12 months?	Retired		42.0%	N/A
	Taking care of home or family		7.0%	
	Ill, disabled		23.8%	
	Unable to find work		2.8%	
	Doing something else – specify		2.5%	
51. What has been your primary employment throughout your life?	Enter primary employment.	See frequency Tables	See frequency tables	
52. In your primary occupation, have you ever been exposed to chemicals such as insecticides, pesticides, etc.?	Yes		15.6%	
	No		84.4%	
52a. If yes, to what extent?	A great deal		18.7%	
	Moderate exposure		35.2%	
	Slight exposure		46.1%	
Question	**Responses**	**Tribal Data (55 and over)**	**Aggregate Tribal Data (55 and Over)**	**NHIS (55 and over)**
53. Sex	Male		39.4%	52.4%
	Female		60.6%	47.6%
54. Age	55 to 64 years		40.3%	34.1%
	65 to 74 years		37.1%	33.6%
	75 to 84 years		17.2%	25.0%
	85 and over		5.4%	7.3%
55. Current Marital Status	Now married		41.5%	63.9%
	Widowed		31.0%	23.3%
	Divorced		17.0%	7.5%
	Separated		3.1%	1.3%
	Never married		7.3%	4.0%
56. What is your personal annual income?	Under $5,000		26.1%	15.2%
	$5,000-$6,999		17.0%	12.8%
	$7,000-$14,999		30.9%	35.6%
	$15,000-$19,999		9.0%	11.6%
	$20,000-$24,999		5.8%	8.6%
	$25,000-$49,999		9.3%	12.9%
	$50,000 or more		1.8%	3.4%
57. What is the highest grade or year of regular school you have completed?	Never attended or kindergarten only		3.1%	1.1%
	Elementary12345678		22.6%	12.1%
	High 9 10 11 12		51.9%	48.5%
	College 1 2 3 4 5 +		21.5%	38.3%
	Refused		.9%	0.0%
58. What county and state do you currently reside?	Enter county and state.	See frequency tables	See frequency tables	N/A

"Tribal Name" Data Comparison to Aggregate Tribal Data (N=9,296) and National Data

Question	Response(s)	Tribal Data (55 and over)	Aggregate Tribal Data (55 and over)	No Data Available
59. Are you Alaskan Native, Native American, Native Hawaiian, or other?	Alaskan Native		4.5%	N/A
	Native American		90.8%	
	Native Hawaiian		.6%	
	Other		4.2%	
60. Were you raised on a reservation, trust land, or in an Indian community?	Yes		76.6%	
	No		23.4%	
61. If yes, how long have you lived on a reservation, trust land, or in an Indian community?	All my life		62.2%	
	50 years or more		9.6%	
	30-49 years		10.4%	
	10-29 years		13.4%	
	Less than 10 years		4.5%	
62. Are you an enrolled member of a federally recognized tribe?	Yes		93.3%	
	No		6.7%	
63. Do you have any unmet health needs that haven't been addressed? (e.g. wheel chair ramps)	Enter response.	See frequency tables	See frequency tables	
64. What advice would you pass on to young people to best prepare them for a long life?	Enter advice.	See frequency tables	See frequency tables	

NATIONAL COMPARISON SOURCES

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